

<i>Functional Review Form</i>		Career Program/Field:																					
Name (Last, First, Middle):		School or Program:																					
<p>This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs are not available because of organizational structure or the nominee is not in a DA Civilian Career Program, this form should be completed by the next level supervisor(s) or functional official(s). Items 1c, 2c, and 3c will be completed after submission to ASA(M&RA).</p>																							
<p>1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development? Initial the appropriate line and column.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">a. Activity CP Manager (ACPM)</th> <th style="width: 25%; text-align: center;">b. MACOM CP Manager (MCPM)</th> <th style="width: 25%; text-align: center;">c. Functional Chief Rep/ Personnel Proponent (For FCR/Per Prop use <u>ONLY</u>)</th> </tr> </thead> <tbody> <tr> <td>Critical</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Important</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Desirable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Not Appropriate</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					a. Activity CP Manager (ACPM)	b. MACOM CP Manager (MCPM)	c. Functional Chief Rep/ Personnel Proponent (For FCR/Per Prop use <u>ONLY</u>)	Critical				Important				Desirable				Not Appropriate			
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<p>2a. Reason for Rating of ACPM or Other Reviewer in 1a above:</p>																							
<p>2b. Reason for Rating of MCPM or Other Reviewer in 1b above:</p>																							
<p>2c. FCR/Personnel Proponent Concurrence/Comment regarding 1c above:</p>																							

CONTINUE ON REVERSE SIDE

3. Each employee who attends training should have a utilization plan that will assure full utilization of the knowledges and abilities acquired during the training program. Please review the utilization plan proposed by nominee's supervisor (Supervisory Rating Form) and add your comments and recommendations below.

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of FCR/Personnel Proponent:

Rank Order _____ of _____		
ACPM or Other Reviewer's Title:	Signature	Date:
MCPM or Other Reviewer's Title:	Signature	Date:
FCR/Personnel Proponent's Title:	Signature	Date: